

CLAIMS ONLY

Application Number

1016699991

Filing Date

Applicant(s)

* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
1						
2						
3						
4						
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44						
45						
46						
47						
48						
49						
50						
Total Indep	3					
Total Depend	23					
Total Claims	26					

	Indep	Depend	Indep	Depend	Indep	Depend
61						
62						
63						
64						
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95						
96						
97						
98						
99						
100						
Total Indep						
Total Depend						
Total Claims						

3

23

26